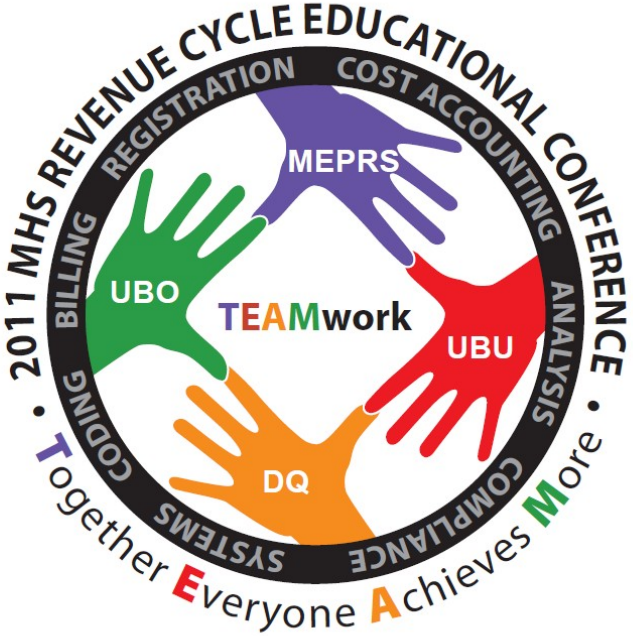


Title: **Air Force Medical Affirmative Claims (MAC)**

Session: **W-1-1100**

Objectives

- What Is MAC?
- Responsibilities
- Key HSI Areas
- Training Medical Staff on Program
- Creating Bills
- Elements of a Successful MAC Program
- Legal Reorganization
- Immediate Future of MAC

What Is MAC?

- Program Outlined in DoD 6010.15, AFI 41-114, AFI 41-115, AFI 41-120, and AFI 51-502, *Personnel and Government Recovery Claims* (primarily SJA responsibility)
- Dollars recouped from liability insurance for retirees, family members, and AD who receive treatment at government expense as a result of injury (includes food poisoning) or illness sustained as a result of an injury
  - Dollars for MTF treatment deposited directly into MTF O&M-separate from TPC/MSA (sales code 94)
  - Civilian medical care costs deposited into General Treasury unless MTF pays for care

What Is MAC? (Cont'd)

- Types of Tort Insurance billed
  - Automobile
  - No-fault and/or personal injury protection (PIP)
  - Boat and airplane
  - Products and/or manufacturers'
  - Premises
  - General casualty (slip/fall) or umbrella (covers a variety of personal properties)
  - Homeowners' and/or renters'
  - Medical malpractice (other than Federal)

Responsibilities: You and SJA

- SG and SJA have an MOA for all stateside MTFs
- Overseas bases need to have a written MOA between MTF and SJA that outlines notification, preparation, and follow-up procedures
- MTF provides updated fund cite to SJA at FY start
- MTF identifies all injuries to base SJA using the AF 1488, *Daily Log of Patients Treated for Injuries*
  - Other options may be MAJCOM or base safety form (still needs to be transferred by MAC Clerk to 1488) or electronic trauma log
- SJA determines if injury and subsequent treatment represents a potential recoverable claim and pursues payment pursuant to Federal Medical Care Recovery Act

Responsibilities: You and SJA (Cont'd)

- MTF prepares AF 438, Medical Care-Third Party Liability
- MTF provides billing rates
  - Rates available on UBO Website by locality code
- MTF provides a quick response to all SJA medical record documentation requests/SJA mails claim
- MTF and SJA quarterly reconciliation of open, transferred, and closed claims
- Money will be deposited by the SJA
  - Verification during reconciliation process
  - Ensure accounting system accurately records deposits

Key HSI Areas

- Make sure that all quarterly reconciliations are documented
  - If a region or local legal office will not comply they need to see all documentation between Legal and MTF
- Inspectors like to see the completed 1488s, however they also are aware of the MAC Enhancement Tool
  - Learn how to print this out and keep it with the 1488s to verify that all injuries are being logged

2011 HSI Changes

- Staff Judge Advocate Regionalization Plan, if applicable
  - MTF followed AFMOA/SGAR and Medical Cost Recovery Program policy guidance
- The MAC clerk established procedures and complied with the MAC notification procedures, preparation, and follow-up for AF Form 438, *Medical Care - Third Party Liability Notification, and the quarterly* reconciliation process
- Internal procedures were developed outlining clinical service coordination, tracking of civilian medical care paid for by the government, and establishing appropriate procedures for closing cases
- A quarterly reconciliation of submitted claims (CONUS) was accomplished with the Regional Recovery Judge Advocate, discrepancies corrected, and a report forwarded to the MTF/CC

Training

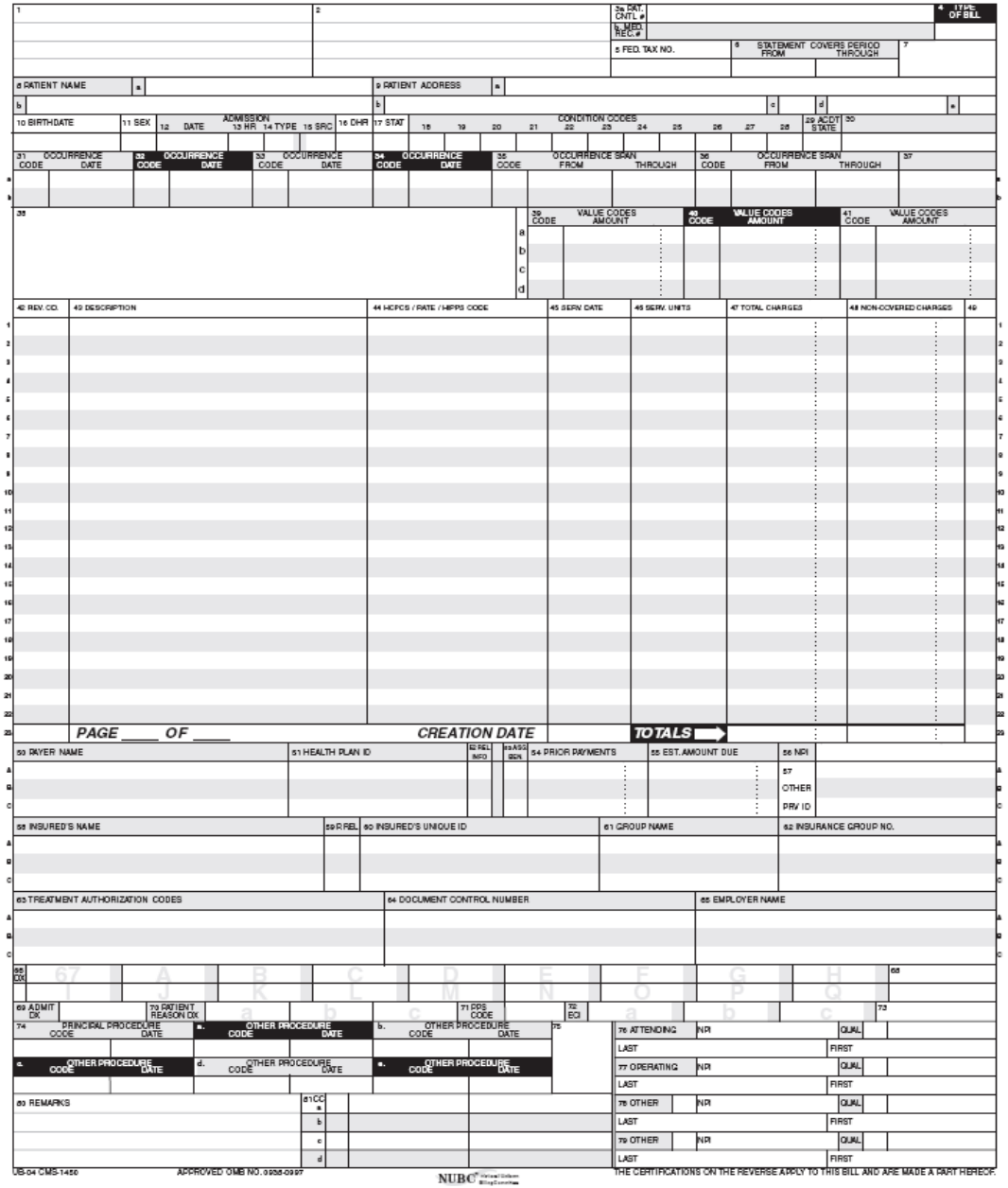
- You are responsible for ensuring that all clinic personnel are properly trained regarding the identification of potential MAC cases

- Set up a training plan to include:
  - Regularly scheduled training sessions at least quarterly to include providers, nurses, technicians, records clerk, and administration staff
  - Initial training for all incoming personnel
  - This area is part of HSI

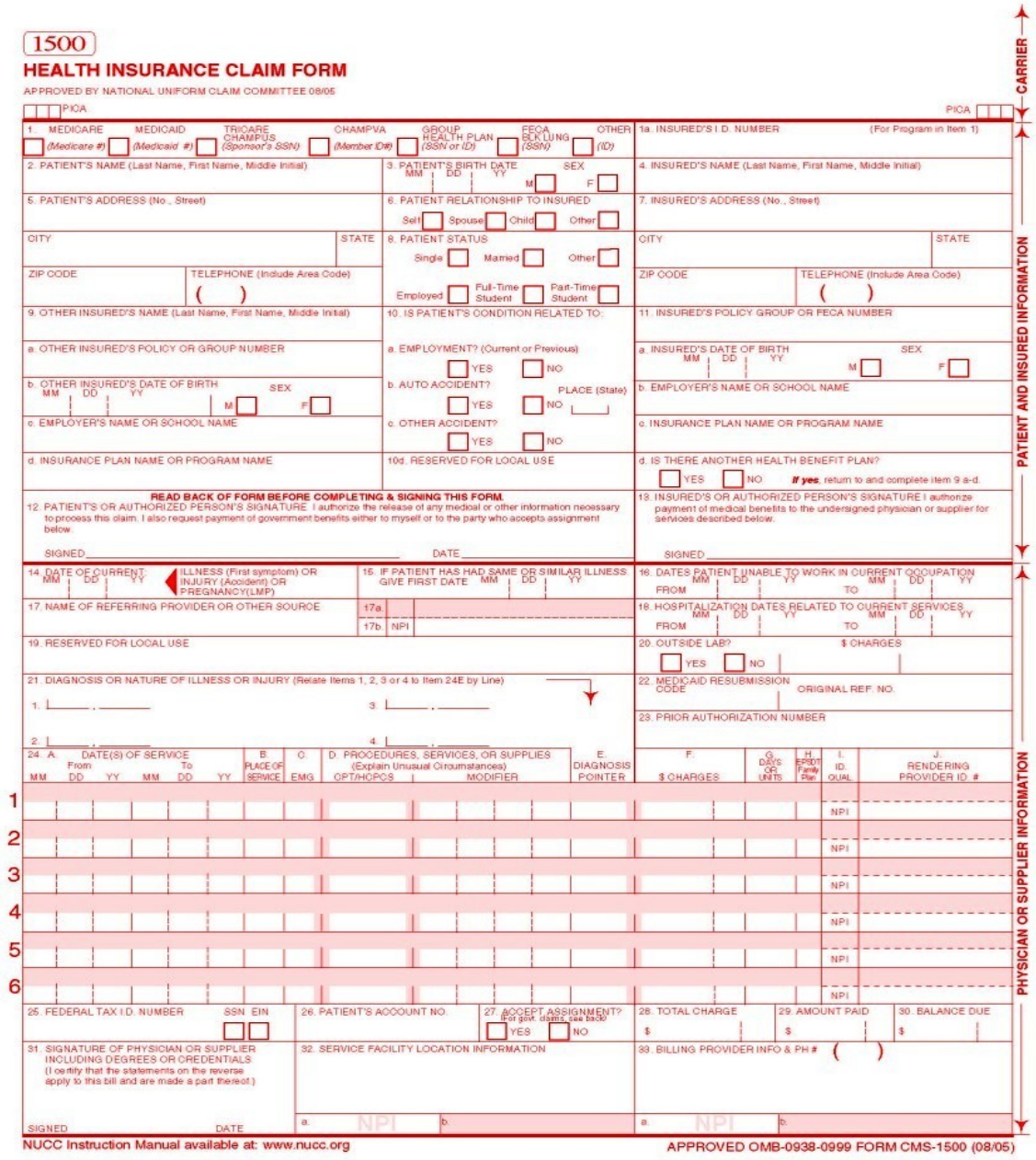
How to Create Bills

- No standard system available
- Air Force is working on a universal billing system for MAC
- Billing methods currently available are:
  - Submit bills to SJA on AF Form 438
    - If this is working for your MT,F then continue with this process
    - TPOCS Read-only access and manually complete billing forms on typewriter or other system
    - UB-04
    - CMS 1500

UB-04


1
2
3a PAT. CNTL #
b. MED. REC. #
4 TYPE OF BILL
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7
8 PATIENT NAME
9 PATIENT ADDRESS
10 BIRTHDATE
11 SEX
12 DATE
13 HR
14 TYPE
15 SRC
16 DHR
17 STAT
CONDITION CODES
18 19 20 21 22 23 24 25 26 27 28
29 ACDT STATE
30
31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
PAGE ____ OF ____
CREATION DATE
TOTALS
50 PAYER NAME
51 HEALTH PLAN ID
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID
58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
66 DX
67
67 A B C D E F G H
68
69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
73
74 PRINCIPAL PROCEDURE CODE DATE
74a OTHER PROCEDURE CODE DATE
74b OTHER PROCEDURE CODE DATE
75
74c OTHER PROCEDURE CODE DATE
74d OTHER PROCEDURE CODE DATE
74e OTHER PROCEDURE CODE DATE
76 ATTENDING NPI QUAL
LAST FIRST
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST
80 REMARKS
81CC
UB-04 CMS-1450
APPROVED OMB NO. 0938-0997
NUBC
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

New CMS 1500



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1									NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

How to Have a Successful Program

- Cooperative relationship between legal and medical staff
- Timely identification/notification of possible MAC cases
- Process organized and understood throughout the facility
- Audit procedures (at least monthly)
  - With legal staff (open/closed MAC cases)
  - With medical staff (to ensure clinics are catching potential MAC cases)
- Training medical staff/clinics on MAC

MAC Enhancement Tool

- Understand the MAC Enhancement Tool
  - CHCS administrator must issue security keys
  - Fields/functionality
    - Injury/Accident-related indicator
    - Date/Place of Injury/Accident
    - Injury cases codes
    - Identify possible liability cases
    - Capture, store, and link specific clinical data/medical codes related to injury and accident information
    - Ability to generate reports

Menu Path MAC Enhancement Tool (Cont'd)

- This should be looked at weekly and put on a 1488 and then sent to Legal for review
  - Each clinic needs to know how to use this, but recommend that they either use 1488 OR MAC Enhancement Tool
  - When an appointment is booked, an automatic question will pop up "Is this related to an accident?" It is defaulted to "NO," so the clinic will have to change to "YES"
  - Menu Path:
  - ADM Ambulatory Data Module
  - Ambulatory Data Reports >2
  - MAC Medical Affirmative Claims SVS Reports
  - If you do NOT have access to ADM you will need to see your CHCS manager

MCRP Regions

- **REGION 1 – McGuire AFB, NJ**

CT	DE	MA	ME	MD
NH	NJ	NY	PA	RI
VT				

- **REGION 2 - Langley AFB, VA**

NC	SC	TN	VA	WV

- **REGION 3 – Eglin AFB, FL**

AL	FL	GA	MS

- **REGION 4 – Wright-Patterson AFB, OH**

IL	IN	KY	MI	MO
MN	OH	WI		

MCRP Regions (Cont'd)

- **REGION 5 – Lackland AFB, TX**

  AR LA OK TX

- **REGION 6 – Offutt AFB, NE**

  IA ID KS MT ND

  NE SD UT WY

- **REGION 7 – Nellis AFB, NV**

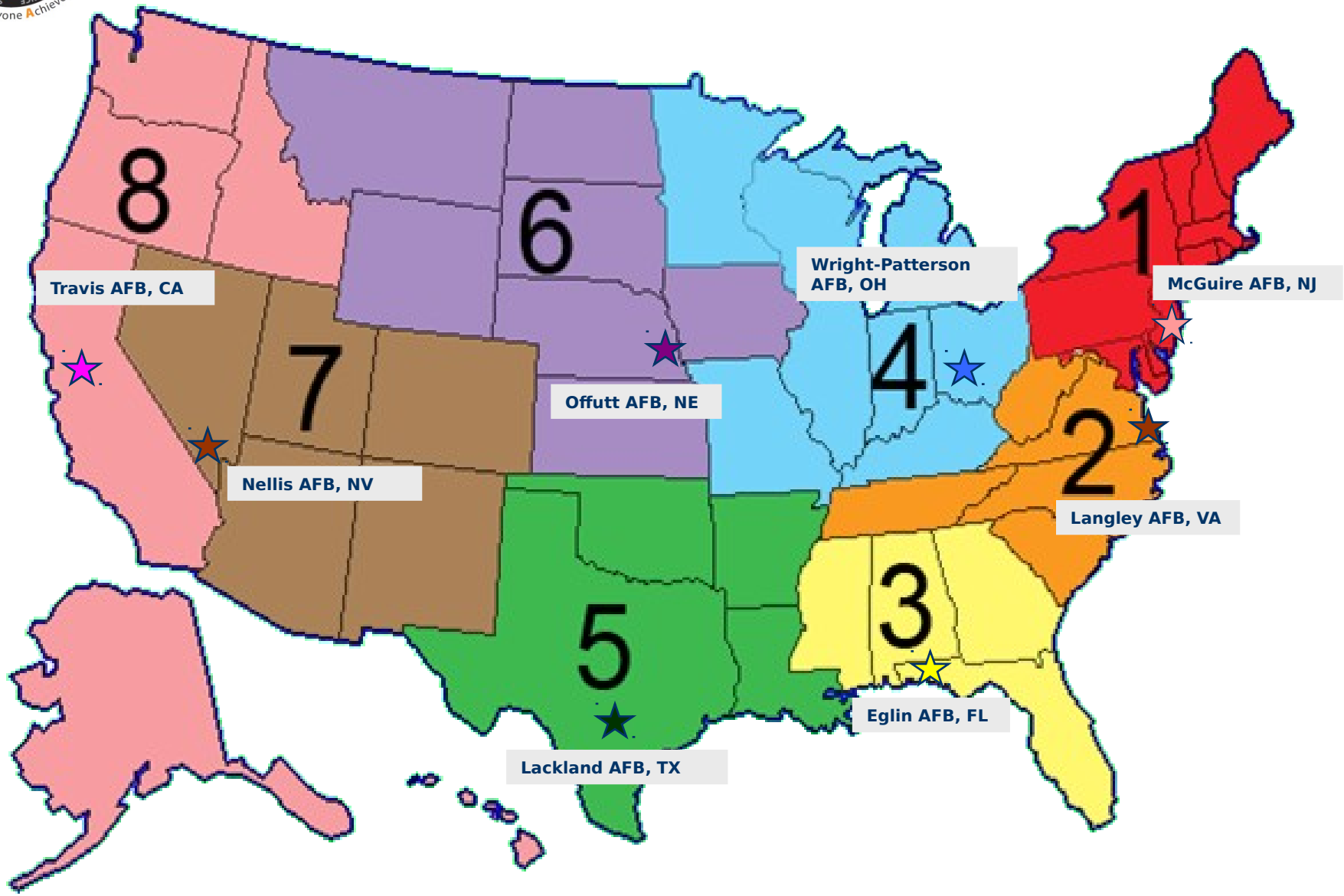
  AZ CO NM NV

- **REGION 8 – Travis AFB, CA**

  AK CA HI OR WA

  Guam

MCRP Regions



Immediate Future of MAC

- Air Staff is working on universal tracking and billing system
- MTFs need to scan or fax all claim packages to their regional office (encrypted)
- MTFs need to keep track of cases at Legal
  - E-mail AFMOA UBO for generalized Excel sheet
  - Accounting system information used to pay Legal

Summary

- What Is MAC?
- Responsibilities
- Key HSI Areas
- Training Medical Staff on Program
- Creating Bills
- Elements of a Successful MAC Program
- Legal Reorganization
- Immediate Future of MAC

Guidance Documents

- **AFI 41-114, Medical Health Service System Matrix**
  - Determines eligibility and appropriate charges for health care
- **AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)**
  - Determines eligibility for health care, health care benefits, and extent of care that the AF authorizes (Civilian Employees)
- **AFI 41-120, Medical Resource Management Operations**
  - Guidelines for RM or UBO Flight commanders in MTFs
- **DoD 6010.15, Military Treatment Facility Uniform Business Office Manual**
  - Guidelines for operations of MTF business offices. Prescribes procedures and accounting systems for management of accounts and TPC activities
- **AFI 51-502, Personnel and Government Recovery Claims**

Websites

- **http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm**
  - UBO Website
- **http://www.dtic.mil/comptroller/ratesindex2002.html**
  - Rates

Q&A

Questions?